

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 08-392934	FILING DATE		
							APPLICANT(S)			
CLAIMS										
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*	*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.
1	I						51			
2	I						52			
3	I						53			
4	I						54			
5							55			
6	I						56			
7	I						57			
8	I						58			
9	(I)						59			
10	(I)						60			
11	(I)						61			
12	(I)						62			
13	(I)						63			
14	(I)						64			
15	(I)						65			
16	(I)						66			
17	I						67			
18	I						68			
19	I						69			
20	I						70			
21	I						71			
22	I						72			
23	I						73			
24	I						74			
25	I						75			
26	I						76			
27	I						77			
28	I						78			
29	I						79			
30	I						80			
31	I						81			
32	I						82			
33	I						83			
34	I						84			
35	(I)						85			
36	I						86			
37							87			
38							88			
39							89			
40							90			
41							91			
42							92			
43							93			
44							94			
45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
TOTAL IND.	I						TOTAL IND.			
TOTAL DEP.	35	→	↓	→	↓	→	TOTAL DEP.	→	↓	→
TOTAL CLAIMS	36	35	34	33	32	31	TOTAL CLAIMS	35	34	33